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## SOCIOLOGY APPLIED IN THE FIELD OF HEALTH

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### ABSTRACT

There is at present a great increase in efforts for health. *Better educated public. Efforts of leaders.* The medical profession is not the only one responsible for securing better health. *Social and economic forces, correlation of those working toward same ideal from different view points.* The function of the physician is in the medical field, telling individuals and groups what is necessary for health. The attaining of these conditions is often not a medical matter. *Relation to such a condition as poverty to health.* The attaining of the conditions of health depends on individuals, groups, society as a whole, and on social agencies. Physicians should not be expected to leave the medical field to bring about health. The duty of the medical profession should be to stimulate individual patients, and those who can help them, by stating the needs of health. Physicians are often censured for giving inapplicable advice. They should be censured rather if they fail to give the best advice possible, regardless of how inapplicable it may seem. In so doing they may rely on three possibilities: (a) increased efforts of individual, (b) uniting of individuals for public health measures, (c) the co-operation of social agencies. Much medical advice is futile because the adjustment of social conditions is often the first essential in applying health advice. The social worker offers the solution in many cases. In order to act most effectively she must have much medical knowledge. Properly trained she would represent the connecting link between individual patients and doctors, even conceivably assuming the total responsibility for the patient's welfare. Of equal importance would be her function as the connecting link between medical science and other forces working for human betterment. Lack of correlation of our knowledge in diverse fields is responsible for our lack of health. Medicine has received much of the blame. But the problem of producing health is to be solved only by concerted work in many fields.

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Never in the history of the world has there been so much talk about health, and so much done toward health as at the present time. This is partly due to the fact that the standards of general education have universally risen, so that the average man is more interested in improving himself in all ways than ever before. But it is partly due to the fact that a certain few in medicine and economics and sociology have gotten to look at health in its true proportions, as one of the most vital and most influenceable factors in human prosperity, and are working in various ways to realize an ideal they perceive.

The medical profession must by all standards be considered at the back of all this growth in knowledge and hope for health. But

the members of this profession are not the only ones charged with bringing about improved health. The burden of realization must be borne by a large number of groups of workers. Whenever the opportunity arises, the advancements in all science must be applied for the welfare of humanity. All scientists recognize this, yet the "how" of this application is often a vexing question.

Because the matter of bodily health is fundamentally the concern of medical science it is often not recognized that it is also frequently a sociological and an economic matter. The most complicated problems of ill health are those that either begin or end as social or economic problems. To suggest only one aspect of such questions—that of poverty; there was a stage in many cases of poverty when, if health could have been preserved poverty would not have arisen. And conversely, there are many cases of ill health which would not have arisen had not poverty been present. The same is true of many of the more obscure forms of social maladjustment, from whatever cause, so burdensome that health can hardly be expected to exist by their side. And it is these problems that sociologists must cope with, not doctors.

What is needed is a sympathy and correlation between the various sciences and professions. Each has its own function, although the same ideals in regard to the ultimate prevailing of human well-being. The person who can handle one of these professions and its problems is doing his part. If neither the doctor, nor those working in any of the other fields can produce the desired result alone, each working toward the same end from different points of view will certainly be able, given time, to stir the world along at least in the direction of the millennium of health and happiness.

It is the function of the doctor to discover and announce the essentials for health, and the prevention and cure of disease. These must be made known primarily to the individual patient. But they must also be made known to the world at large, in order that not only the individual who is trying to get health for himself may be enabled to do so, but that all the large movements for human welfare may understand the implication of physical conditions, and know how to direct their efforts in such a way as to better them.

There are only these two ways in which a doctor can promote health—educating the individual to want health and to know the method of getting it, and educating other forces to help him get it. It is not properly speaking the function of the physician to do more than to show the way to health. The achieving it is for individuals or groups or society as a whole activated by their knowledge, or finally for those social forces that leap ahead of present public opinion in their efforts for mankind individually and in the large.

Recently a woman prominent in welfare work for women addressing in New York a large gathering chiefly of doctors censured the doctors severely for their failure to bring about the millennium of health. It was apparent to her that there were ramifications in most cases outside the strictly medical field. Yet her most illogical conclusion, and it is one that is frequently drawn, was that doctors should follow the case into all these ramifications, and for the time being cease to be doctors, and become economists or sociologists or social workers or politicians. There is no reason in my mind why the doctor should be able to practice sociology, for example, than that the sociologists should be able to practice medicine.

If doctors persistently stick to the medical end of the work it must not be thought that they are not in sympathy with human needs or lack a broad understanding of the foundations of health. The physician sees the need medically of each and every one of his patients, and often sees the interrelation of social conditions and health, but he feels that by trying to meet these needs by health education of the individual himself he is perhaps meeting them in as constructive a way as any. If to this he adds the education of those who have the power to assist in meeting these needs he will have done all that is possible for him as a medical man.

The same speaker had a curious but very common feeling that doctors should modify their advice according to the circumstances of the patient, not merely in the details common sense would suggest, but in essentials. "Why do you advise fruit and vegetables in the diet when the patient cannot afford them, and if she could there is no one at home to prepare them?" I have been asked. We are frequently advised by the unthinking not to recommend health measures that are inaccessible, not to give the poor patient the

benefit of the best advice we can, but withholding it to plunge into other fields in order to bring about better conditions. This was in substance what we were advised on the occasion mentioned. Long hours were particularly cited as something which physicians should remedy. We believe that the scientific physician will tell both the patient and the world what he believes about long hours—and the fact that hours have been reduced is largely the result of this telling, both to the individual and to the world.

If there is any criticism it is not that the doctor is cruelly frank in advising his patients, but that he is too often influenced by the apparent hopelessness of attaining all that he would like for the individual, such as a long rest for the ailing mother of a large dependent family, and fails to advise what he knows is needed. Furthermore we are often allured by the possibility of getting health for large numbers of people at once by concerted efforts, more or less non-medical, than by persistent revealing of the exact facts in each individual case. If every doctor told every patient definitely what he needed, without regard to how possible it might be, three sorts of results might be attained.

In the first place, it might result in the individual being able ultimately to attain for himself the desired good, even though at the cost of some temporary unhappiness. I have often found that the things we think inaccessible in a given case are not nearly so much so as I thought. For example, a very large proportion of slum cases visited in New York for obstetrical purposes will be lacking in most of the things that really make health—proper food, cleanliness, air—a hundred things. But many of them will be supplied with other things which the well-informed person will realize are downright luxuries. Witness the prevalence of carboys of bottled water in the tenements of a city with a water supply such as New York's!

An ignorant person is always potentially a sick one; and an informed person always potentially a well one. Ignorance of what will make him well may be responsible for as much ill health as bad social conditions. In very many cases economic and social conditions are not so insuperable barriers that, given a knowledge of health and a wish for it, it cannot be attained somehow. Changing the habits of living will often produce the most remarkable results without having made any radical changes in the circum-

stances of living. Following the best advice as to health habits may involve nothing seismic at all. Often the unheard of thing can be accomplished with ease once its desirability is appreciated. On the other hand the readjustments necessary to promote individual health may involve the entire economic and social condition of the country.

This is the second possible good result of entire frankness with the individual—a uniting of individuals in public health measures. Public health may be purchasable as the New York state department of health asserts, but it is certainly not so unless the individuals of the community know what to purchase and want to purchase it. Doctors cannot personally by their own efforts unaided by an intelligent populace bring about anything of value. At the time of the influenza epidemic individuals and the public as a whole were advised to secure better ventilation. Because the doctors could not themselves open all the windows in New York, and perhaps tear new ones through the walls, no one blamed them, or advised them to keep their impossible information to themselves because there are thousands of rooms in New York without any windows. Yet this is no more ridiculous than the suggestion made in earnest that the doctor who advises a high calory-diet for a pre-tuberculous patient, when the patient can barely afford a low-calory diet, had better keep quiet, or else get out in the world and work for higher wages for workers. This was one of the suggestions specifically made in the speech referred to.

It is the duty of the doctor, as most of us see it, to tell people what they need—their or somebody else's duty to get it. Let the individual get it himself if he can. That is the best thing that can happen—getting a thing for one's self or by the united action of a community. The individual who receives the inapplicable advice is the one who must, if we are to develop constructively, find the means of making health possible for himself by his own efforts either as an individual or as a member of society.

But a third result may follow the acquiring of an exact knowledge of his needs. He may be met in his fruitless efforts to do for himself what he knows he ought to do by one of the many social agencies that are neither public nor private, that deal with individuals and society for the purpose of adjusting each to the other.

These agencies, seldom charitable but sometimes constructively so, are a part of our method of progression from barbarism to civilization, and as such are not superfluous but entirely essential, in that they tend to keep one step ahead of our current customs.

Because of the difficulties in the carrying out of his advice, the scientific physician does not therefore spare his patient the unpleasant knowledge of what he needs, nor is he satisfied with helping the patient to get along as best he may. To do so would be to prostitute his science, and to discriminate unsocially against the unfortunate in not giving them his best. Yet in doing what he believes to be right, stating the needs of the case exactly, he is often depressed by the feeling that it will amount to nothing. If he is dealing with individuals he knows that many will fail at any effort because of their poor germ plasm. If he is dealing with a community in a public health effort, he knows it must be dragged along by its leaders, and this takes time. There seems to be a remedy, however, in the correlation of efforts, particularly that of social science with that of medicine.

Every doctor who has ever worked in dispensaries realizes that his work, so painstakingly and accurately done, is almost futile in many cases because it often does not act beyond his office door. It is a scandalous waste of good medical science to make a careful diagnosis and prescribe treatment that will not be carried out. The doctor himself cannot see that it is carried out. Even in private cases this is most difficult. With dispensary cases it is well-nigh impossible. Unless the case happens to be one that may be immediately sent into the hospital or to a sanitarium there is small likelihood that 100 per cent of the advice so conscientiously given will be acted upon. One of the most successful school physicians boasts that in 50 per cent of the cases in which he advises removal of tonsils the operation is actually performed. It is not always, nor indeed often, I believe, that the patients are unwilling to follow advice. It is more likely to be some social condition over which he and the doctor have no control. It is here that the social worker, or the applied sociologist comes upon the scene, not often to give charity, but to apply to the case her thorough understanding of the difficulty whatever it may be found to be after her investigations, and to think up some way to help the individual to

help himself, so that what he has gotten from medical science may be utilized.

In order to perform this function satisfactorily the social worker must be educated in medical science to a considerable extent. Social workers frequently lament the "un-socialized doctor," not realizing that the doctor has a less often voiced complaint of the "un-hygienized" social worker. In the minds of many physicians there is the hope that the medically trained social worker will soon prove to be the correlating link between both individual doctors and their patients, and between medical science and the many agencies in the community that are groping in the direction of human welfare.

It has occurred to me recently that there may be a time coming when the hospital patient will not be the sole charge of the doctor, but of the social worker, that the total responsibility for the well-being of the patient will be in the medical social worker's hands. Under such an arrangement the doctor would be a consultant in regard to physical condition, his authority being absolute in this field as always, but the burden of the realization of a satisfactory life would rest on the social worker. This has been tried with individual cases with remarkable success. It is the whole individual whom we are trying to help, and the medical social worker, providing she is properly trained, is in a better position to consider the whole individual. Until we have more such social workers this method cannot be tried out widely enough to prove its actual value. Theoretically it seems as if it might be the thing the world has needed so long to bridge the gap between scientific medicine and actual living.

We have sufficient knowledge along many lines, not only medical, to produce much better health than we now have. Practice is lagging far behind knowledge, largely because of this lack of correlation. Most of the blame has been placed on medical science, and the doctor in his single-mindedness has often accepted the blame and gone on trying to make health, where in the nature of things health is impossible. We are gradually realizing now that those familiar with other fields than ours have their duty in making health possible. It is to be hoped and expected that they will be able to take up the problem where we are obliged to lay it down, accepting the challenge to make the "impossible" possible.